24 Mas

(Care Example 1)	aption of Cas ample: Applica John D equest for Na tegrity Comp	se) ation for a Class C Charter Certificate from loe dba Doe's Limo ame Change on Certificate from brehensive Transportation Services,	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  TRANSPORTATION COVER SHEET  DOCKET NUMBER: 2008 - 407 - T  If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned				
	ase type or print)		and should be en	nered above.			
	bmitted by:	Karim Hassan Johnson	Telephone:       (877) 223-1960         Fax:       (877) 671-8842				
Ad	dress:	P. O. Box 24502					
		Columbia, SC 29224	Other:	(803) 479-3054			
			Email:	kjohnson@integritytransonline.com			
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.  NATURE OF ACTION (Check all that apply)							
L			. ( )	upp.y)			
	Application -	- Class C Taxi		Request to Amend Scope of Authority			
	Application – Class C Charter			Request to Amend Tariff (rate increase, etc.)			
	Application – Class C Charter Bus			Request to Amend Passenger Limit			
	Application - Class C Non-Emergency			Request			
	Application – Class E Household Goods			Exhibit			
	Application – Class E Hazardous Waste			Late-Filed Exhibit			
	Application			Letter			
	Request for E	extension to Comply with Order		Proposed Order  Officers Assets 1 Asset 1 Assets 1 Asset			
	Request for C Public Conve	Order Granting Authority to Obtain Certificate on nience and Necessity to Be Rescinded	f $\square$	Letter Proposed Order  Publisher's Affidavit			
	Request for C	Cancellation of Certificate		Reservation Letter			
	Request for Suspension			Response			
	Request for R	einstatement		Return to Petition			
	Request for N	ame Change on Certificate		Other:			

#### **CLASS C AMENDMENT FORM**

File the original with:

File the original with:	Mail or fax a copy to:					
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815					
DATE: 11/29/2013 I have the following Certificate:  Class C Taxi # Class C Charter #	E Class C Charter Bus # <u>0270</u>					
Class C Non-Emergency #						
Please consider this as my request for the following	g amendment(s) to my Certificate:					
Name Change						
From: Integrity Comprehensive Transportation Services, Inc.	BA:					
(Current Name)	(Current DBA if applicable)					
TO: Capital Connections Southeast, LLC DB	A Capital Connections					
(New Name)	(New DBA if applicable)					
Scope of Authority						
	o:					
(Current Scope)	(New Scope)					
	` ' '					
Passenger Limit						
(Current Limit Number)	o:(New Limit Number)					
,	·					
Karim Hassan Johnson	P. O. Box 24502					
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)					
Columbia, SC 29224						
(City, State, Zip Code)	(Signature)					
· · · · · · · · · · · · · · · · · · ·						
877-226-1960	Owner/President					
(Telephone Number)	(Title) Owner, President, etc.					

Date of this notice: 10-22-2013

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 G

CAPITAL CONNECTIONS SOUTHEAST LLC CAPITAL CONNECTIONS 
% KARIM HASSAN JOHNSON SOLE MBR PO BOX 24502 
COLUMBIA, SC 29224

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank von for applying for an Employer Identification Number (EIN). We assigned you documents, even if you have no employees. Please keep this notice in your permanent

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is CAPI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Print Form

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE OFFICE IN THIS OFFICE

OCT 2 2 2013

#### STATE OF SOUTH CAROLINA SECRETARY OF STATE

## ARTICLES OF ORGANIZATION

Limited Liability Company - Domestic Filing Fee - \$110.00

## TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

	The address of the initial designated office of the limited liability company in South Carolina i					
2051 Blythewood Crossing Ln. #514						
	reet Address					
lythewood		29016				
ty		Zip Code				
he initial agent for service of process is						
arim Hassan Johnson						
me	Signature of Agent					
and the street address in South Carolina for this initial agent for service of process is						
951 Blythewood Crossing Ln. #514	8	or process 15				
Street Address						
ythewood		29016				
y		Zip Code				
List the name and address of each organizer. Only <u>one</u> organizer is required, but you may have than one.  (a) Integrity Comprehensive Transportation Services, Inc.						
2051 Blythewood Crossing Ln. #514						
Street Address Blythewood	SC	00040				
City	State	29016				
	3 <b></b> 0	Zip Code				
Name						
Street Address						
2000 11441055						
City						

Mark Hammond

South Carolina Secretary of State

		Biyanewood	30	29016	
		City	State	Zip Code	
	(b)		•		
		Name			
		Street Address			
		City	State	Zip Code	
7.	[				
8.	Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  October 15, 2013				
9.	any ope	provisions that are requ	consistent with law which the organizers dired or are permitted to be set forth in the le included on a separate attachment. Pleas arate attachment.	limited liability company	

10. Each organizer listed under number 4 must sign.

October 15, 2013 Date Signature of Organizer Date

# The State of South Carolina



# Office of Secretary of State Mark Hammond

#### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CAPITAL CONNECTIONS SOUTHEAST, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 22nd, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 22nd day of October, 2013.

Mark Hammond Secretary of State